

PRELIMINARY ASSESSMENT COVER SHEET
SEARLE MEDICAL PRODUCTS MATHESON DIVISION
MORROW, GEORGIA - CLAYTON COUNTY
GADO49713712

A. HISTORY OF SITE

Searle Medical Products/Matheson Division is located in Morrow, Georgia in Clayton County. Since 1963, this facility has been engaged in gas repackaging and the distribution of gas handling equipment. Ownership history is as follows:

<u>DATE</u>	<u>OWNER</u>
1964-1965	Merged with Will Ross Division, Milwaukee, WI.
1969-1970	Bought by G. D. Searle Co., Illinois, operated as Matheson Gas Products.
1970-1983	G. D. Searle, Matheson Gas Products.
July 1983-	Searle sold to UGI and Nippon. Currently owned by UGI
Present	and Nippon and renamed Matheson Gas Products, Inc. of Secaucus, NJ.

All compressed gas cylinders returned to this supplier have residual pressure in them to ensure safe transportation. Residual gases have always been neutralized on-site with two mixing tanks and a scrubber. Neutralized effluent was discharged into a dry well on-site until 1980. Since 1981 all neutralized gas residues and waste waters have been discharged into the Clayton County POTW.

B. NATURE OF HAZARDOUS MATERIALS

None; wastes generated at this facility are not hazardous under the Georgia Rules for Hazardous Waste Management.

C. DESCRIPTION OF HAZARDOUS CONDITIONS, INCIDENTS, PERMIT VIOLATIONS

None; specific rulings from the US EPA have determined that no immediate regulatory attention under the hazardous waste regulations should apply to this particular operation.

D. ROUTES FOR CONTAMINATION

None

E. POTENTIALLY AFFECTED POPULATION AND RESOURCES

None; all wastewaters are neutralized to a pH of 8 before discharge into the local Clayton County POTW.

F. RECOMMENDATIONS AND JUSTIFICATIONS

A "NONE" priority for a site inspection is recommended for this facility based on the following conclusions:

The Environmental Protection Division has concluded that removal of gaseous residues from these cylinders and subsequent neutralization does not constitute the management of hazardous waste under the Georgia Hazardous Waste Management Act. In addition, the Georgia Environmental Protection Division has classified Matheson Gas Products, Inc. as a "non-handler" of hazardous waste. No hazardous waste has ever been generated or disposed on site since this facility began operations in 1963.

G. REFERENCES

November 3, 1980 - Letter from John P. Lehman - US EPA, to Lawrence Bierlein - Compressed Gas Association.

US EPA Part A Permit Application Form 3510-1, 3510-3.

November 6, 1982 - Letter from Christopher J. Copper - US EPA to Lawrence Bierlein - Compressed Gas Association.

November 19, 1981 - Letter from Neal A. Wellons - Clayton County Water Authority to Charles F. Voelker - Matheson Gas, Inc.

November 23, 1981 - Letter from Charles F. Voelker - Matheson Gas, Inc. to Robert Rose - GA EPD.

December 3, 1981 - Letter from John D. Taylor - GA EPD to Charles F. Voelker - Matheson Gas Products, Inc.

March 5, 1982 - Letter from James Scarbrough - US EPA to John D. Taylor - GA EPD.

June 28, 1985 - Telephone Memo to Mr. John Woerner - Matheson Gas Products, Inc. from Jeff Williams - GA EPD.

JMW/mcw003



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 1 - SITE INFORMATION AND ASSESSMENT

I. IDENTIFICATION

01 STATE 02 SITE NUMBER
GA D049713712

II. SITE NAME AND LOCATION

01 SITE NAME (Legal, common, or descriptive name of site) Searle Medical Products Matheson Div.		02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER 6874 South Main Street (P.O. Box 136)			
03 CITY Morrow	04 STATE GA	05 ZIP CODE 30260	06 COUNTY Clayton	07 COUNTY CODE 063	08 CONG DIST 06
09 COORDINATES LATITUDE 33° 34' 09.0"N		LONGITUDE 084° 20' 34.0"W			
10 DIRECTIONS TO SITE (Starting from nearest public road) Take I-75 South to exit 76 (Hwy. 54) exit right onto Hwy. 54 (south) for approximately 1/2 mile. Facility is located on left of Hwy. 54 across from Sherwin Williams Co. and Ken Sanders Buick.					

III. RESPONSIBLE PARTIES

01 OWNER (If known) Matheson Gas Products, Inc.		02 STREET (Business, mailing, residential) 30 Seaview Road			
03 CITY Secaucus	04 STATE NJ	05 ZIP CODE 07094	06 TELEPHONE NUMBER (201) 867-4100		
07 OPERATOR (If known and different from owner) Same as owner		08 STREET (Business, mailing, residential)			
09 CITY	10 STATE	11 ZIP CODE	12 TELEPHONE NUMBER ()		
13 TYPE OF OWNERSHIP (Check one) <input checked="" type="checkbox"/> A. PRIVATE <input type="checkbox"/> B. FEDERAL: _____ (Agency name) <input type="checkbox"/> C. STATE <input type="checkbox"/> D. COUNTY <input type="checkbox"/> E. MUNICIPAL <input type="checkbox"/> F. OTHER: _____ (Specify) <input type="checkbox"/> G. UNKNOWN					

14 OWNER/OPERATOR NOTIFICATION ON FILE (Check all that apply)

☒ A. RCRA 3001 DATE RECEIVED: 11/19/80 MONTH DAY YEAR ☐ B. UNCONTROLLED WASTE SITE (CERCLA 103 d) DATE RECEIVED: _____ MONTH DAY YEAR ☐ C. NONE

IV. CHARACTERIZATION OF POTENTIAL HAZARD

01 ON SITE INSPECTION <input checked="" type="checkbox"/> YES DATE 11/12/81 MONTH DAY YEAR <input type="checkbox"/> NO		BY (Check all that apply) <input type="checkbox"/> A. EPA <input type="checkbox"/> B. EPA CONTRACTOR <input checked="" type="checkbox"/> C. STATE <input type="checkbox"/> D. OTHER CONTRACTOR <input type="checkbox"/> E. LOCAL HEALTH OFFICIAL <input type="checkbox"/> F. OTHER: _____ (Specify) CONTRACTOR NAME(S): _____			
02 SITE STATUS (Check one) <input checked="" type="checkbox"/> A. ACTIVE <input type="checkbox"/> B. INACTIVE <input type="checkbox"/> C. UNKNOWN		03 YEARS OF OPERATION BEGINNING YEAR 1963 ENDING YEAR present <input type="checkbox"/> UNKNOWN			
04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED No hazardous waste has been generated or disposed of at this facility since operations began in 1963.					

05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION

Non-hazardous waste waters from this facility are discharged into the publicly owned waste treatment system of Clayton County. No hazard to the environment or population exists.

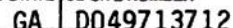
V. PRIORITY ASSESSMENT

01 PRIORITY FOR INSPECTION (Check one. If high or medium is checked, complete Part 2 - Waste Information and Part 3 - Description of Hazardous Conditions and Incidents)
☐ A. HIGH (Inspection required promptly) ☐ B. MEDIUM (Inspection required) ☐ C. LOW (Inspect on time available basis) ☒ D. NONE (No further action needed, complete current disposition form)

VI. INFORMATION AVAILABLE FROM

01 CONTACT Mr. John Woerner		02 OF (Agency/Organization) Matheson Gas Products, Inc.		03 TELEPHONE NUMBER (404) 961-7891	
04 PERSON RESPONSIBLE FOR ASSESSMENT Jeffrey M. Williams		05 AGENCY DNR	06 ORGANIZATION EPD-RAU	07 TELEPHONE NUMBER 404 656-7404	08 DATE 07/01/85 MONTH DAY YEAR

J. Surorica



☐ A. TOXIC ☐ E. SOLUBLE ☐ I. HIGHLY VOLATILE
☐ B. CORROSIVE ☐ F. INFECTIOUS ☐ J. EXPLOSIVE
☐ C. RADIOACTIVE ☐ G. FLAMMABLE ☐ K. REACTIVE
☐ D. PERSISTENT ☐ H. IGNITABLE ☐ L. INCOMPATIBLE
 ☒ M. NOT APPLICABLE



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT

PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

D1 STATE D2 SITE NUMBER
GA D049713712

II. HAZARDOUS CONDITIONS AND INCIDENTS

01 ☐ A. GROUNDWATER CONTAMINATION 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

01 ☐ B. SURFACE WATER CONTAMINATION 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

01 ☐ C. CONTAMINATION OF AIR 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

01 ☐ D. FIRE/EXPLOSIVE CONDITIONS 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

01 ☐ E. DIRECT CONTACT 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

01 ☐ F. CONTAMINATION OF SOIL 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
03 AREA POTENTIALLY AFFECTED: _____ (Acres) 04 NARRATIVE DESCRIPTION

01 ☐ G. DRINKING WATER CONTAMINATION 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

01 ☐ H. WORKER EXPOSURE/INJURY 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
03 WORKERS POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

01 ☐ I. POPULATION EXPOSURE/INJURY 02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION
01 STATE 02 SITE NUMBER
GA D049713712

II. HAZARDOUS CONDITIONS AND INCIDENTS (Continued)

01 ☐ J. DAMAGE TO FLORA
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED

01 ☐ K. DAMAGE TO FAUNA
04 NARRATIVE DESCRIPTION (Include name(s) of species)

02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED

01 ☐ L. CONTAMINATION OF FOOD CHAIN
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED

01 ☐ M. UNSTABLE CONTAINMENT OF WASTES
(Spills/runoff/standing liquids/leaking drums)

03 POPULATION POTENTIALLY AFFECTED: _____

02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED

04 NARRATIVE DESCRIPTION

01 ☐ N. DAMAGE TO OFFSITE PROPERTY
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED

01 ☐ O. CONTAMINATION OF SEWERS, STORM DRAINS, WWTPs
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED

01 ☐ P. ILLEGAL/UNAUTHORIZED DUMPING
04 NARRATIVE DESCRIPTION

02 ☐ OBSERVED (DATE: _____) ☐ POTENTIAL ☐ ALLEGED

05 DESCRIPTION OF ANY OTHER KNOWN, POTENTIAL, OR ALLEGED HAZARDS

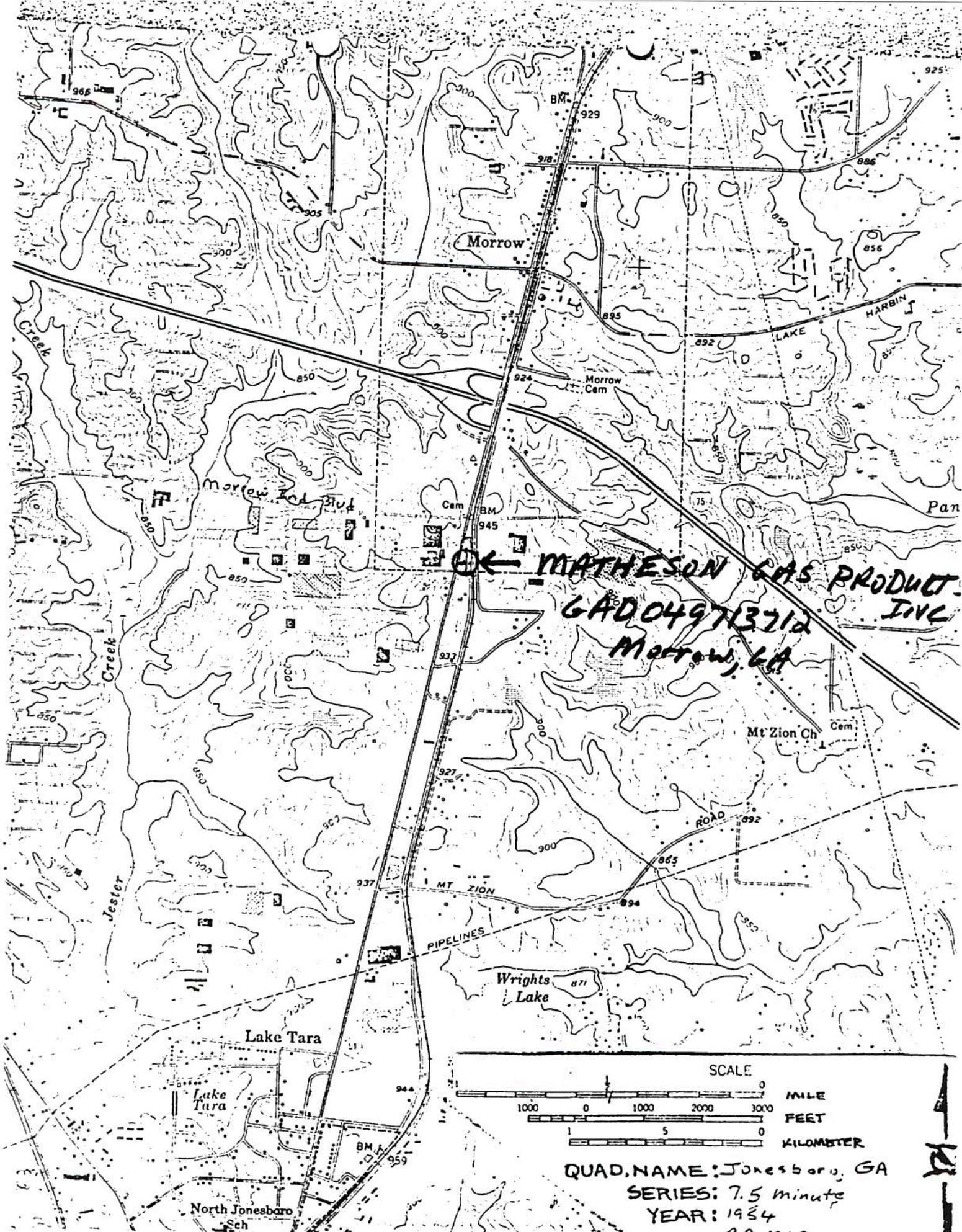
III. TOTAL POPULATION POTENTIALLY AFFECTED: None

IV. COMMENTS

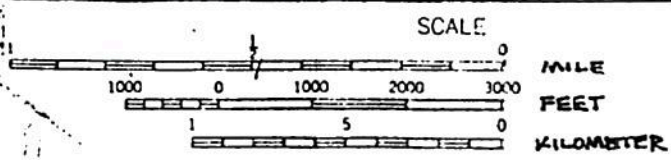
No hazardous waste has ever been generated or disposed of on site. Collected effluents are neutralized and discharged into the Clayton County Waste Water Treatment System.

V. SOURCES OF INFORMATION (Cite specific references, e.g., state files, sample analysis reports)

GA EPD State Files - Searle Medical Products/Matheson Division.



← MATHESON GAS PRODUCT.
INC
GAD 049713712
Morrow, GA



QUAD. NAME: Jonesboro, GA
SERIES: 7.5 minute
YEAR: 1954
DD 1010

FORM 1 GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION <i>Consolidated Permits Program</i> <i>(Read the "General Instructions" before starting.)</i>		I. EPA I.D. NUMBER GAD049713712			
II. POLLUTANT CHARACTERISTICS		GENERAL INSTRUCTIONS If a preprinted label has been provided, it in the designated space. Review the information carefully; if any of it is incorrect, through it and enter the correct data in appropriate fill-in area below. Also, if the preprinted data is absent (the area to left of the label space lists the information that should appear), please provide it in proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete items if no label has been provided. Refer to the instructions for detailed item definitions and for the legal authorizations under which this data is collected.					
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.							
SPECIFIC QUESTIONS		MARK "X" YES NO FORM ATTACHED		SPECIFIC QUESTIONS		MARK "X" YES NO ATT	
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)		X		F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	
III. NAME OF FACILITY 1 MATHESON DIV OF SEARLE MEDICAL USA INC							
IV. FACILITY CONTACT A. NAME & TITLE (last, first, & title) 2 VOELKER CHARLES BRANCH MANAGER B. PHONE (area code & no.) 404 961 7891							
V. FACILITY MAILING ADDRESS A. STREET OR P.O. BOX 3 P O BOX 136 B. CITY OR TOWN 4 MORROW C. STATE GA D. ZIP CODE 30260							
VI. FACILITY LOCATION A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER 5 6874 SOUTH MAIN STREET B. COUNTY NAME CLAYTON C. CITY OR TOWN MORROW D. STATE GA E. ZIP CODE 30260 F. COUNTY CODE (if known)							

VII. SIC CODES (4-digit, in order of priority)

A. FIRST				B. SECOND			
7	2	8	1	7			
(specify) Compressed gases - Inorganic chemicals				(specify)			
C. THIRD				D. FOURTH			
7				7			
(specify)				(specify)			

VIII. OPERATOR INFORMATION

A. NAME												B. Is the name listed in Item VIII-A also owner?	
B MATHESON DIV OF SEARLE MEDICAL PROD USA												<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)										D. PHONE (area code & no.)										
F - FEDERAL	M - PUBLIC (other than federal or state)	(specify)								A	2	0	1	9	3	5	6	6	6	0
S - STATE	O - OTHER (specify)																			
P - PRIVATE																				

E. STREET OR P.O. BOX											
1275 VALLEY BROOK AVE											

F. CITY OR TOWN						G. STATE		H. ZIP CODE		IX. INDIAN LAND	
BLYNDHURST						NJ		07071		Is the facility located on Indian lands?	
										<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)						D. PSD (Air Emissions from Proposed Sources)					
9	N					9	P				
B. UIC (Underground Injection of Fluids)						E. OTHER (specify)					
9	U					9					
						CC043080 (specify)					
C. RCRA (Hazardous Wastes)						E. OTHER (specify)					
9						9					
						(specify)					

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

Gas repackaging and distributor of gas handling equipment.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)		B. SIGNATURE		C. DATE SIGNED	
Robert S. Sterrett, Executive V.P.				11-13-80	

COMMENTS FOR OFFICIAL USE ONLY

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Department of Natural Resources

ENVIRONMENTAL PROTECTION DIVISION
LAND PROTECTION BRANCH
270 WASHINGTON STREET, S.W.
ATLANTA, GEORGIA 30334
(404)656-2833



COUNTY _____
NAME _____
DATE RECEIVED _____
For EPD Use Only

APPLICATION FOR HAZARDOUS WASTE FACILITY PERMIT

INSTRUCTIONS: (see back)

Please type or print.

I. STATUS OF OPERATION ☒ Existing ☐ New (Operation projected to begin ____/____/____
mo day

II. TYPE OF OPERATION

A. Storage ☒ Containers ☐ Surface Impoundment

B. Treatment ☒ Tank ☐ Incinerator ☐ Surface Impoundment

☐ Reclamation Recycling ☒ Other Scrubber System

C. Disposal ☐ Land Application ☐ Landfill

☒ Surface Impoundment ☐ Other _____

III. DESCRIPTION OF WASTES TO BE HANDLED (Use EPA Hazardous Waste No. & Description)
P076-Nitric Oxide, P078-Nitrogen Dioxide, P095-Phosgene, D003-Reactive

IV. LOCATION OF OPERATION (Describe below, and attach a U.S.G.S. map indicating location of the site or facility.)
6874 South Main Street, Morrow, Georgia 30260 (see attachment)

V. Searle Medical Products USA, Inc. Matheson Division of Searle Medical Products

Owner's Name	Operator's Name
P. O. Box 1045	1275 Valley Brook Avenue
Owner's Address	Operator's Address
Skokie, Illinois 60076	Lyndhurst, N. J. 07071
312-982-7000	201-935-6660
Owner's Telephone #	Operator's Telephone #

VI. CERTIFICATION: I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

AUTHORIZED REPRESENTATIVE (Name and Title) R. S. Sterrett, Executive Vice President

MAILING ADDRESS 1275 Valley Brook Ave., Lyndhurst, N. J. 07071

SIGNATURE R. S. Sterrett DATE 3/31/81 TELEPHONE # 201-935-6660

FORM 3 RCRA	EPA	U.S. ENVIRONMENTAL PROTECTION AGENCY HAZARDOUS WASTE PERMIT APPLICATION Consolidated Permits Program (This information is required under Section 3005 of RCRA.)	I. EPA I.D. NUMBER FGAD049713712
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FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

☒ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

YR. MO. DAY
8 6 3 0 8 2 6

☐ 2. NEW FACILITY (Complete item below. FOR NEW FACILITY PROVIDE THE DATE (yr., mo., & day) CONSTRUCTION BEGAN OR EXPECTED TO BE

YR. MO. DAY
78 78 78

B. REVISED APPLICATION (place an "X" below and complete item I above)

☐ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS		T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	SURFACE IMPOUNDMENT	T03	TONS PER HOUR OR METRIC TONS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	INCINERATOR	T04	GALLONS PER DAY OR LITERS PER DAY
Disposal:			OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)		
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
		UNIT OF MEASURE CODE			UNIT OF MEASURE CODE
GALLONS		G	LITERS PER DAY		V
LITERS		L	TONS PER HOUR		D
CUBIC YARDS		Y	METRIC TONS PER HOUR		W
CUBIC METERS		C	GALLONS PER HOUR		E
GALLONS PER DAY		U	LITERS PER HOUR		H

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

C										DUP																						
A. PROCESS CODE (from list above)										B. PROCESS DESIGN CAPACITY										FOR OFFICIAL USE ONLY												
1. AMOUNT (specify)										2. UNIT OF MEASURE (enter code)																						
LINE NUMBER	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	
X-1	S	0	2																													
X-2	T	0	3																													
1	S	0	2																													
2	T	0	1																													
3	T	0	1																													
4	T	0	1																													

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code 04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

T04 - Scrubber 5000 cubic feet per minute with two reservoir tanks (607 gallons each) of neutralizing solutions.

D83 - Effluent discharged into dry well on property, Clayton County Health Dept. Permit CC043080

Clarification 3/30/81

Effluent discharged into old dry-well (designated as inactive on photographs). The new dry-well (designated as active on photographs) has never been used. We had intended to use the new dry-well in the original application. However, discussions with county health officials and the state E.P.A. indicated that routing the waste to county sewer is preferred. Therefore, to date we will use the old dry-well until we tie into the sewer system.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER - Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY - For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE - For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE
POUNDS.....	P
TONS.....	T

METRIC UNIT OF MEASURE	CODE
KILOGRAMS.....	K
METRIC TONS.....	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous wastes: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER - Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) - A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY												
W G A D 0 4 9 7 1 3 7 1 2 5 1													W D U P 2 D U P												
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																									
NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES																					
				1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))													
1	P 0 7 6	10	P	D 8 3 S 0 2 T 0 4 T 0 1	NEUTRALIZATION TO DRY WELL																				
2	P 0 7 8	100	P	D 8 3 S 0 2 T 0 4 T 0 1	NEUTRALIZATION TO DRY WELL																				
3	P 0 9 5	50	P	D 8 3 S 0 2 T 0 4 T 0 1	NEUTRALIZATION TO DRY WELL																				
4	D 0 0 3	160,000	P	D 8 3 S 0 2																					
5																									
6																									
7																									
8																									
9																									
10																									
11																									
12																									
13																									
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17																									
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23																									
24																									
25																									
26																									

NOTE: Items P012 and P096 were declared on notification form for intransit storage of customer returned cylinders. They are not declared on this permit application based on the attached opinion. They are routed to another facility designed to handle these materials.

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) OF PAGE 3.

Neutralization is accomplished in tanks (T01) and scrubber (T04) using acidic or basic solutions.

Dry well - effluent from 5000 gallon storage tank is discharged to dry well, Clayton County Health Dept. Permit #CC043080.

EPA I.D. NO. (enter from page 1)

FGAD04971371236

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

LONGITUDE (degrees, minutes, & seconds)

33 34 22

84 20 34

VIII. FACILITY OWNER

☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no)

E Searle Medical Products USA, Inc.

312-982-7000

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

F P. O. Box 1045

G Skokie, Illinois

IL

60076

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

Dennis R. Kromer, V.P. Finance

DKromer

11-14-80

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

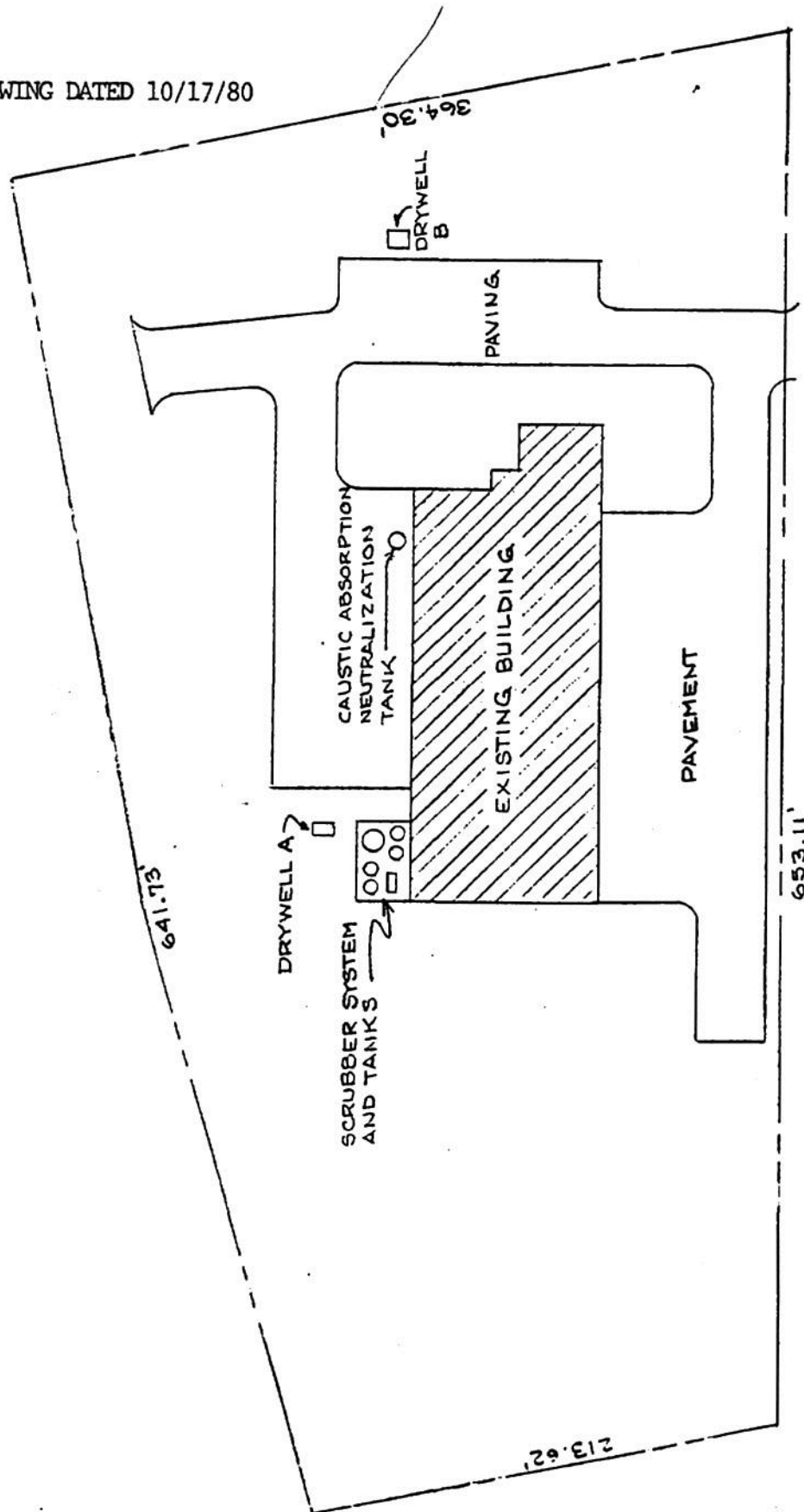
Robert S. Sterrett, Executive V.P.

RS Sterrett

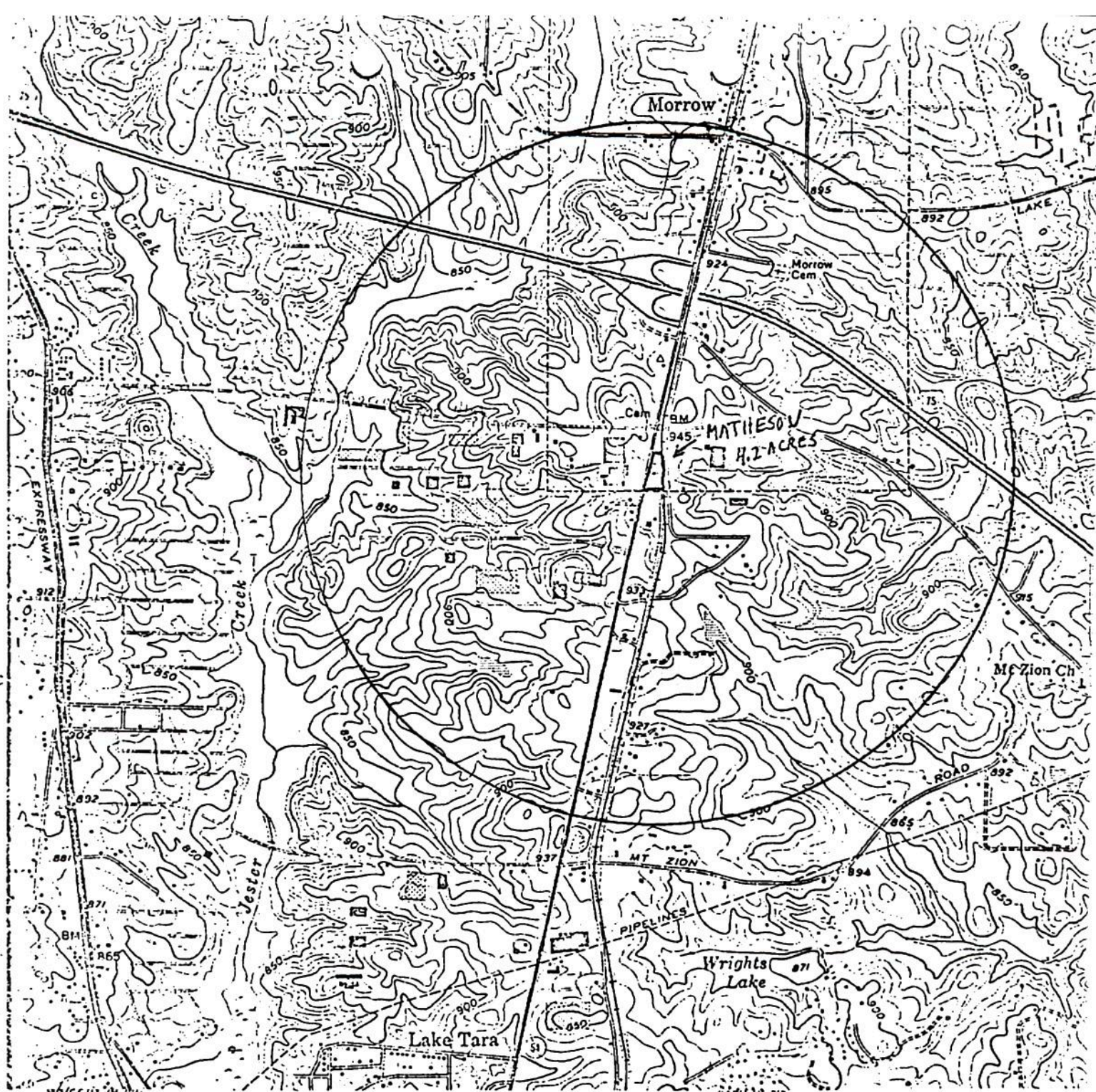
11-13-80

V. FACILITY DRAWING (see page 4)

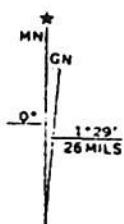
SEE ATTACHED DRAWING DATED 10/17/80



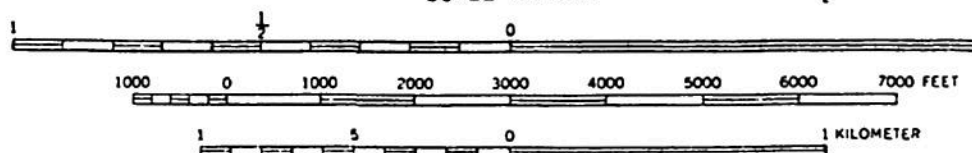
SCALE : 1" = 75'



SCALE 1:24000



UTM GRID AND 1973 MAGNETIC NORTH
DECLINATION AT CENTER OF SHEET



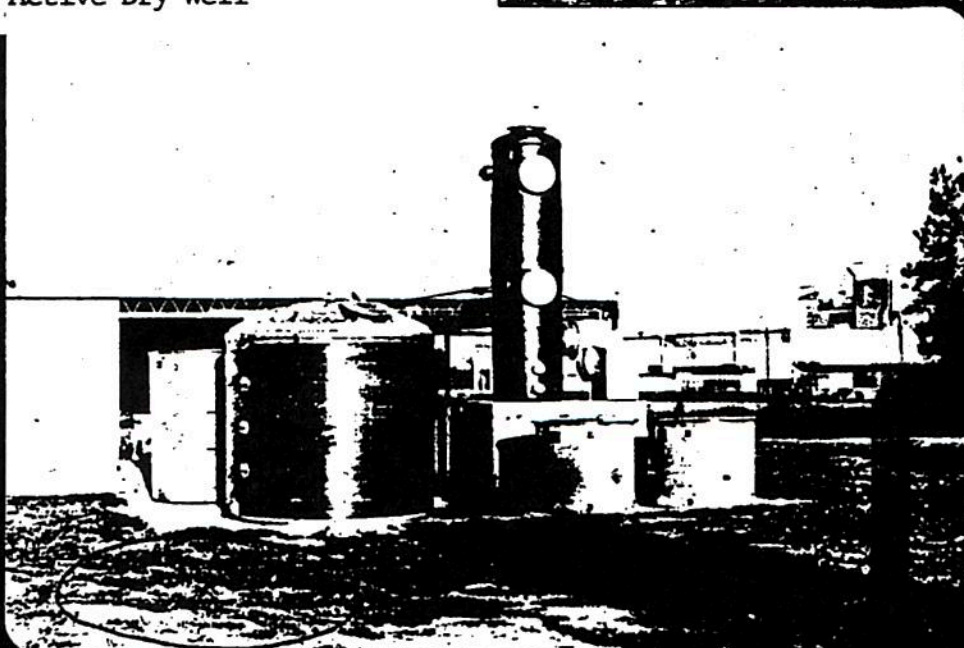
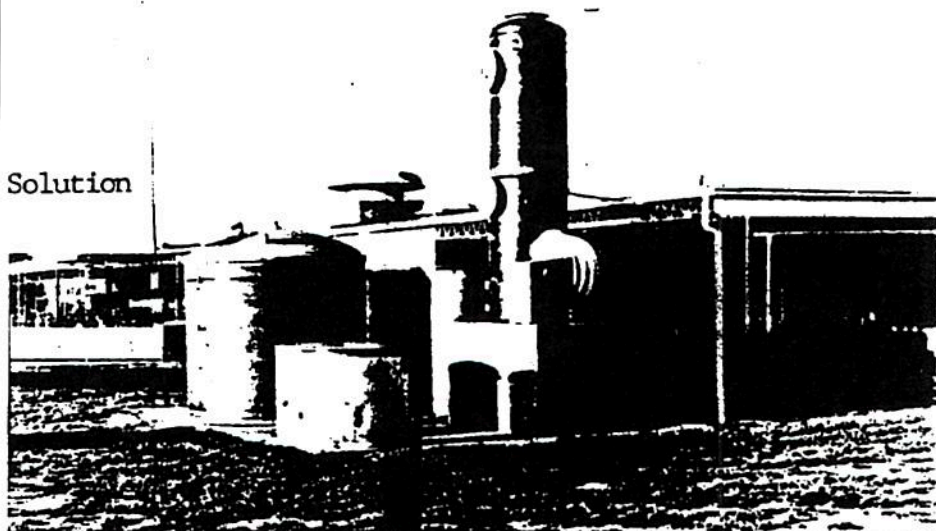
CONTOUR INTERVAL 10 FEET
DATUM IS MEAN SEA LEVEL

THIS MAP COMPLIES WITH NATIONAL MAP ACCURACY STANDARDS
FOR SALE BY U.S. GEOLOGICAL SURVEY, RESTON, VIRGINIA 22092
A FOLDER DESCRIBING TOPOGRAPHIC MAPS AND SYMBOLS IS AVAILABLE ON REQUEST

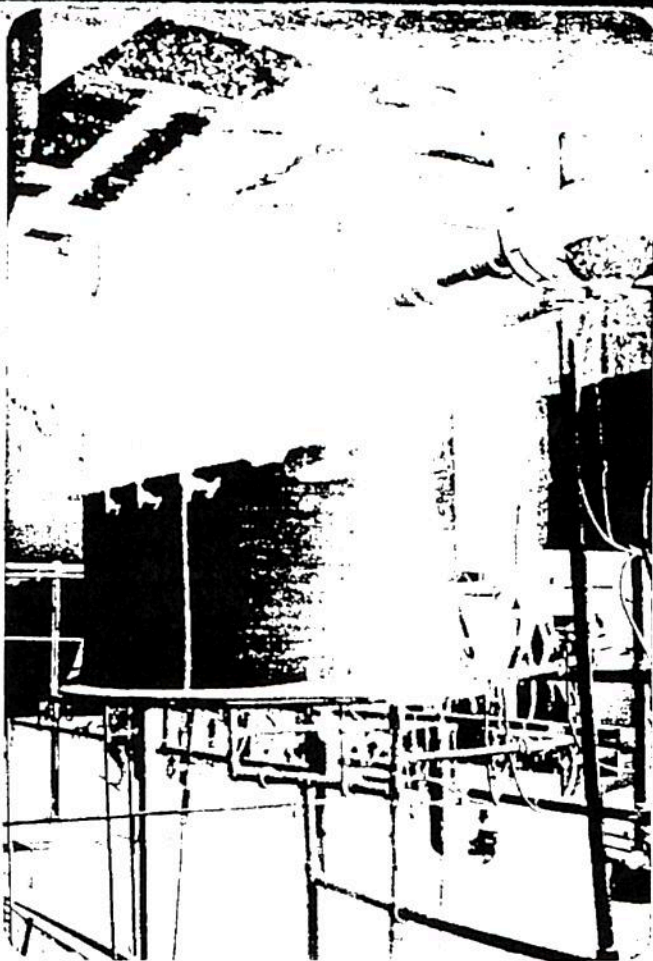
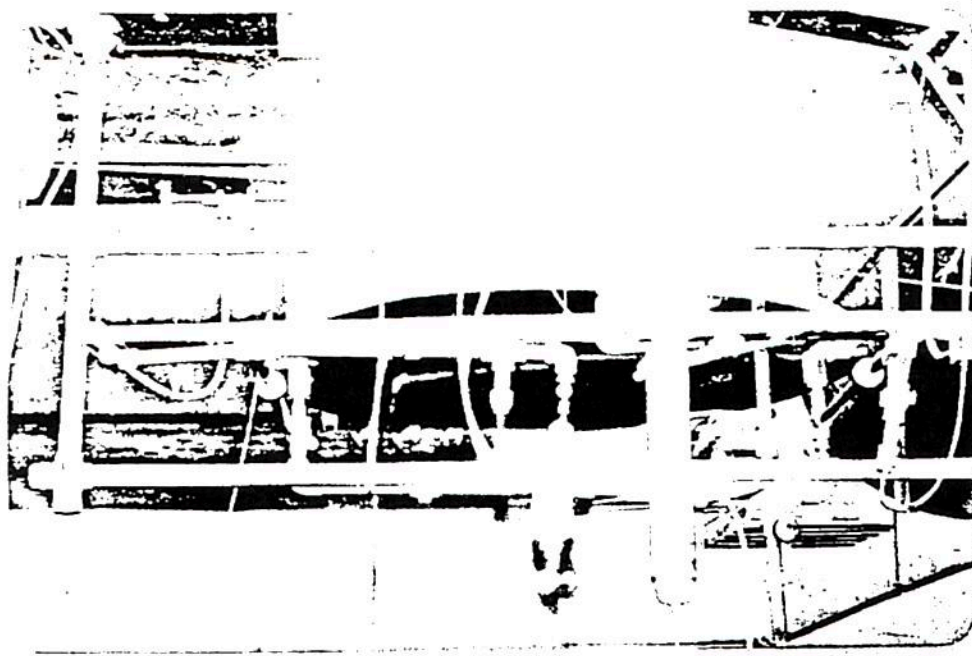
T04 - Scrubber with Two Neutralizing Solution
Mix Tanks

T01 - Two Drain Tanks
One 5000 Gallon
Storage Tank

D83 - Circled Area is Location of
Active Dry Well



D83 - Location of "Inactive" Dry Well



1500 Gallon Caustic
Neutralization Tank
(701)



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, D.C. 20460

NOV 3 1980

OFFICE OF WATER
AND WASTE MANAGEMENT

Lawrence W. Bierlein, Esq.
Compressed Gas Association
Suite 701
910 Seventeenth St., N.W.
Washington, D.C. 20006

Dear Mr. Bierlein:

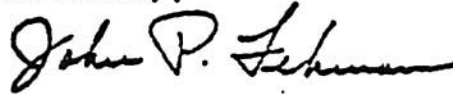
This is in response to your inquiry regarding applicability of the Resource Conservation and Recovery Act, and hazardous waste management regulations issued thereunder, to the practice in the compressed gas industry of repetitive transportation of cylinders by gas manufacturers and their customers.

As described to us during your meeting here on October 15, all cylinders are owned by or are under the equivalent control of the gas supplier. When the customer has completed his use of the gas, the cylinder is returned to the supplier. As a matter of safety, there is residual pressure in the cylinder when it is returned. (The return transportation is extensively regulated by the Department of Transportation under the federal Hazardous Materials Regulations, 49 CFR 170-189.) The customer's purpose in making the shipment is to return the supplier's property, not to discard the remaining contents. The customer does not make the decision on the final disposition of the residue in the cylinder; this is the exclusive prerogative of the gas supplier. Further, the decision whether or not to discard the contents of the container is not made until the container is returned to the supplier.

Under these circumstances, the customer is not generating a waste by merely returning the cylinder and, neither the returned container nor the contained residue is a "solid waste" as that term is defined in the Resource Conservation and Recovery Act and Part 261 of the EPA regulations of May 19, 1980. Under §261.3(b)(1), a material must be "discarded" before it can be a solid waste. The description you have provided indicates that residual gases are not discarded until the cylinders are returned to the supplier, that no decision is made to discard

the residual gases until the cylinders are returned, and that the customer plays no part in this decision. Therefore, the material is not discarded until the cylinder reaches the supplier and a decision is made whether to discard the residual gas. Consequently, the customer's return of the supplier's cylinders that may hold some residue is not the shipment of a solid (or hazardous) waste. Simply returning such cylinders does not make the customer a generator, and the shipment need not be manifested to an EPA-permitted facility or be carried by a hazardous waste transporter.

Sincerely,

A handwritten signature in cursive script, reading "John P. Lehman".

John P. Lehman, Director
Hazardous and Industrial Waste Division
Office of Solid Waste (WH-565)



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
WASHINGTON, D.C. 20460

NOV 6 1981

Lawrence W. Bierlein, Esq.
Compressed Gas Association
910 Seventeenth Street, N.W.
Washington, D.C. 20006

OFFICE OF
SOLID WASTE AND EMERGENCY RESPONSE

Dear Mr. Bierlein:

This is in response to your inquiry on the Resource Conservation and Recovery Act (RCRA) requirements to handle residues removed from compressed gas cylinders.

We understand that cylinders (defined generally under Department of Transportation regulations, 49 CFR 171.8 as pressure vessels having a water capacity not exceeding 1000 pounds and constructed in accordance with DOT requirements) are typically returned to gas suppliers containing gaseous residues. We further understand that these returned cylinders often are "topped off" without discard of the residues, and with reclamation of the residues by the gas supplier. In these situations, the residues are not solid wastes under §261.2, and thus, do not entail consideration of compliance with the hazardous waste regulations. (See letter from John P. Lehman to you dated November 3, 1980.)

If the gas supplier, however, decides to discard cylinders containing gaseous, liquid, or physically solid residues (i.e., non-empty containers) that meet the definitions in 40 CFR Part 261, the residues in the cylinders become hazardous wastes because they are being discarded, and these residues (and the cylinders) must be handled in compliance with the regulations. Any shipment of these contained gaseous or other wastes off-site must be in compliance with all generator and transporter requirements under 40 CFR Parts 262 and 263. Additionally, any such gas cylinders which are discarded or intended to be discarded must be managed in accordance with the requirements under 40 CFR Parts 264 to 267. Furthermore, any liquid or physically solid wastes removed from the cylinders or derived from the treatment of the contained gases, such as scrubber residues or waste neutralizing solutions, that are hazardous must be managed in accordance with the Subtitle C waste regulations.

The primary question raised by the Compressed Gas Association relates to the handling of gaseous residues removed from cylinders and neutralized, scrubbed, flared, or vented to the atmosphere, and specifically whether this activity constitutes the management of hazardous waste under the RCRA regulations. EPA does not construe the present regulations as applying to these practices. EPA has prioritized its regulatory efforts regarding hazardous wastes, and concluded that the flaring and venting of hazardous compressed gases or gases that are neutralized or scrubbed prior to their release to the environment does not demand immediate regulatory attention under the hazardous waste regulations. Accordingly, it is the position of the Agency that any gas cylinder handling facility is not subject presently to regulations promulgated under the Resource Conservation and Recovery Act, in the handling, neutralization, scrubbing, flaring or venting of gaseous residues removed from compressed gas cylinders.

The Compressed Gas Association has contended that the Agency lacks jurisdiction under RCRA to regulate the neutralization, scrubbing, flaring or venting of gases removed from cylinders, based on the definition of "solid waste" in section 1004 of RCRA and the legislative history of the statute. In light of the Agency's determination expressed in this letter, that such activities are not covered by today's RCRA regulations, we see no need to resolve the jurisdictional issue at this time. The Compressed Gas Association possesses the right to petition the Court of Appeals for review if and when the Agency asserts jurisdiction under RCRA over these activities in the future.

Sincerely yours,



Christopher J. Capper
Acting Assistant Administrator
for Solid Waste and Emergency Response



CLAYTON COUNTY WATER AUTHORITY

1611 LAKE HARBIN ROAD
MORROW, GEORGIA 30260
961-2130 E. L. HUIE, MANAGER

November 19, 1981

Mr. Charles F. Voelker
Matheson, Inc.
P.O. Box 136
Morrow, Georgia 30260

Dear Mr. Voelker:

We have completed our initial analysis of your industrial wastewater. Based on our results of parameters that were tested, we have found your waste to be acceptable for discharge into our sewer system subject to the following conditions:

1. Wastewater will be stored on site and held for analysis by Clayton County Water Authority before discharge.
2. Logbooks shall be maintained to show all industrial wastes added to the holding tanks.
3. EPA priority pollutants will not be added to the holding tank without prior approval from the Clayton County Water Authority
4. We reserve the right to limit any pollutant under authority of the Clayton County Water Authority's Sewer Use Ordinance.

Please feel free to contact me if there are any questions that I have not answered.

Thank you for your cooperation.

Sincerely,

Neal A. Wellons
Technical Director,
Pollution Control Division

November 23, 1981

Department of Natural Resources
Environmental Protection Division
Attn: Robert Rose Room 721
270 Washington Street, S. W.
Atlanta, Georgia 30334

Dear Mr. Rose,

During your inspection of our facility on November 12, 1981, you had indicated you had doubts if our facility should actually be classified as a hazardous waste management facility under the scope of RCRA. We also had questioned the applicability of the regulations initially but given the strict consequences outlined in the regulations we interpreted the regulations very conservatively.

Since our initial registration and permit filing we have obtained specific rulings from the United States Environmental Protection Agency relating to our operations. (See Attachments). In addition we have also finalized our treatment process and our collected effluents are discharged into the public owned waste treatment system of Clayton County. (Acceptance copy attached). Storage of this collected effluent is less than 90 days.

Given your familiarity with our operation through your inspection and the above rulings we are, therefore, asking your concurrence in the interpretation of the rulings that we are not required to be registered under the RCRA regulations.

I would appreciate your guidance in this matter so that our Director of Quality Assurance can make a formal petition to your office as required.

Thank you for your assistance and comments.

Sincerely,

C. F. Voelker
C. F. Voelker



JOE D. TANNER
Commissioner

Department of Natural Resources

ENVIRONMENTAL PROTECTION DIVISION

270 WASHINGTON STREET, S.W.
ATLANTA, GEORGIA 30334

J. LEONARD LEDBETTER
Division Director

December 3, 1981

Mr. C. F. Voelker
Branch Manager
Matheson
P. O. Box 136
Morrow, GA 30260

Dear Mr. Voelker:

This is to acknowledge receipt of your letter of November 23, 1981 to this Division regarding the applicability of the Georgia Hazardous Waste Regulations to the residues removed from compressed gas cylinders at your facility.

The Division has determined that the handling of gaseous residues removed from cylinders and neutralized does not constitute the management of hazardous waste under the Georgia Hazardous Waste Management Act. The definition of "solid waste" in Section 3 of the Georgia Hazardous Waste Management Act refers to solid waste as "contained gaseous material". The gaseous residues removed from the cylinders prior to neutralization are no longer contained and therefore not a regulated hazardous waste. Please be advised however, that if Matheson, the gas supplier, decides to discard any cylinders containing gaseous, liquid, or physically solid residues (i.e. non-empty containers) that meet the definitions in the Georgia Hazardous Waste Rules, Part 261, the residues in the cylinders become hazardous waste because they are being discarded, and these residues including the cylinders must be handled in compliance with the rules.

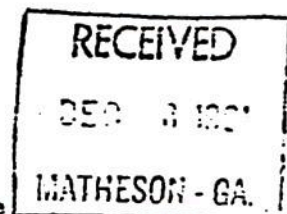
In order for this Division to change your present notification status, you are requested to amend your existing notification form by completing a new form (enclosed) indicating your new status as a generator only, or indicate that you will no longer be a hazardous waste generator. In addition, please be advised that this change in status in no way relieves Matheson from continued compliance with requirements set forth in the State of Georgia Air Quality Permit No. 5161-031-8199-0 for the neutralization system.

If you have any questions or require any assistance, please feel free to contact me.

Sincerely,

John D. Taylor, Jr.
Program Manager

Industrial & Hazardous Waste
Management Program



JDT:rrk
Enclosure
cc: David Yardumian



JOE D. TANNER
Commissioner

J. LEONARD LEDBETTER
Division Director

Department of Natural Resources

ENVIRONMENTAL PROTECTION DIVISION
270 WASHINGTON STREET, S W
ATLANTA, GEORGIA 30334

Scale
Reed

March 5, 1982

Mr. James Scarbrough
Chief, Residuals Management
USEPA, Region IV
345 Courtland Street, N.E.
Atlanta, Georgia 30365

Dear Mr. Scarbrough:

Attached are copies of correspondence regarding the recent request of Matheson of Morrow, Georgia, to withdraw its classification as a generator and treater of hazardous waste since the referenced waste is not regulated under the Georgia Hazardous Waste Management Act. We concur with this decision and recommend that Matheson's status be altered to that of a non-handler.

Your early recommendation of this request will be appreciated. Please contact us if there are further questions.

Sincerely,

John D. Taylor, Jr.
Program Manager
Industrial & Hazardous Waste
Management Program

JDT:bmj
Enclosures

SPECIAL
ROUTING

TELECON

BY: J. Williams OF: GA EPD
FILE# GAD 049713712

DATE: 6-28-85

INCOMING ☐ OUTGOING ☒

PERSON TALKED WITH: Mr. John Woerner

OF: Mutheson Gas Products Inc

PHONE # 404-961-7891

SUBJECT: Pre-RCRA Disposal Practices (Preliminary Assessment)

DETAILS OF CONVERSATION According to Mr. Woerner,

this facility is engaged in the repackaging of gas cylinders that include Air, Argon, Acetylene, Nitrous Oxide etc. They do not manufacture gas, they only repackaging mixtures for industry. Residual cylinders of gas sent to this facility are emptied into a tank and neutralized with either an acid or caustic. PH of neutralized waste is ~~discharged~~ [8] by ~~the Clayton County~~ usually [8] before being discharged into the local sewer system.

No onsite burial or dumping of waste material has occurred since facility began operations in 1964. At one time, neutralized gases ~~were~~ (effluent) were discharged to a dry well on site, Clayton County Health Dept, Permit #CC043080. Waste is classified as being non hazardous by the Georgia EPD. Acids and Bases used in neutralization process are obtained from TESCO (Thompson Heyward Inc) in NW Atlanta. Dry Well is now inactive and effluent is discharged into local sewer system - Clayton County.

REGION: 04
STATE : 8A

U.S. ENVIRONMENTAL PROTECTION AGENCY
OFFICE OF EMERGENCY AND REMEDIAL RESPONSE
CERCLIS V 1.2

PAGE: 828
RUN DATE: 01/30/87
RUN TIME: 08:18:49

M.2 - SITE MAINTENANCE FORM

EPA ID : GAD049718712		" ACTION: -	"
SITE NAME: SEARLE MEDICAL PRODUCTS MATHESON DIV	SOURCE: H	"	"
STREET : 6874 S MAIN ST	CONG DIST: 06	"	"
CITY : MORROW	ZIP: 80260	"	"
CNTY NAME: CLAYTON	CNTY CODE : 068	"	"
LATITUDE : 38/34/22.0	LONGITUDE : 084/20/34.0	"	"
LL-SOURCE: R	LL-ACCURACY:	"	"
SMSA : 0520	HYDRO UNIT: 08180005	"	"
INVENTORY IND: Y	REMEDIAL IND: Y	"	"
REMOVAL IND: N	FED FAC IND: N	"	"
NPL IND: N	NPL LISTING DATE:	"	"
NPL DELISTING DATE:		"	"
SITE/SPILL IDS:		"	"
RPM NAME: RAY WILKERSON	RPM PHONE: 404-347-2234	"	"
SITE CLASSIFICATION:	SITE APPROACH:	"	"
DIOXIN TIER:	REG FLD1:	"	"
	REG FLD2: 6	"	"
RESP TERM: PENDING ()	NO FURTHER ACTION ()	"	"
ENF DISP: NO VIABLE RESP PARTY ()	VOLUNTARY RESPONSE ()	"	"
ENFORCED RESPONSE ()	COST RECOVERY ()	"	"
SITE DESCRIPTION:		"	"
		"	"
		"	"
		"	"
		"	"

U.S. ENVIRONMENTAL PROTECTION AGENCY
OFFICE OF EMERGENCY AND REMEDIAL RESPONSE
C E R C L I S V 1.2

M.2 - PROGRAM MAINTENANCE FORM

REGION: 04
STATE : GA

SITE: SEARLE MEDICAL PRODUCTS MATHESSON DIV

EPA ID: GAD049713712 PROGRAM CODE: H01 PROGRAM TYPE:

PROGRAM QUALIFIER: ALIAS LINK :

PROGRAM NAME: SITE EVALUATION

DESCRIPTION:

ACTION: -

REGION: 04
STATE : GA

U.S. ENVIRONMENTAL PROTECTION AGENCY
OFFICE OF EMERGENCY AND REMEDIAL RESPONSE
C E R C L I S V 1.2

PAGE: 825
RUN DATE: 01/30/87
RUN TIME: 08:18:49

M.2 - EVENT MAINTENANCE FORM

* ACTION: _

SITE: SEARLE MEDICAL PRODUCTS MATHESON DIV
PROGRAM: SITE EVALUATION

EPA ID: GAD049718712 PROGRAM CODE: H01 EVENT TYPE: DS1

FMS CODE: EVENT QUALIFIER : EVENT LEAD: E

EVENT NAME: DISCOVERY STATUS:

DESCRIPTION:

* _ _ _ _ _
* _ _ _ _ _
* _ _ _ _ _
* _ _ _ _ _

ORIGINAL

CURRENT

ACTUAL

START:

START:

START:

* _/_/_ _/_/_ _/_/_ *

COMP :

COMP :

COMP : 08/01/80

* _/_/_ _/_/_ _/_/_ *

HQ COMMENT:

* _ _ _ _ _

RG COMMENT:

* _ _ _ _ _

COOP AGR #

AMENDMENT #

STATUS

STATE X

0

* _ _ _ _ _

REGION: 04
STATE : GA

U.S. ENVIRONMENTAL PROTECTION AGENCY
OFFICE OF EMERGENCY AND REMEDIAL RESPONSE
C E R C L I S V 1.2

PAGE: 326
RUN DATE: 01/30/87
RUN TIME: 08:18:49

M.2 - EVENT MAINTENANCE FORM

* ACTION: _

SITE: SEARLE MEDICAL PRODUCTS MATHESON DIV
PROGRAM: SITE EVALUATION

EPA ID: GAD049718712 PROGRAM CODE: H01 EVENT TYPE: PA1

FMS CODE: EVENT QUALIFIER : EVENT LEAD: S

EVENT NAME: PRELIMINARY ASSESSMENT STATUS:

DESCRIPTION:

* _ _ _ _ _
* _ _ _ _ _
* _ _ _ _ _
* _ _ _ _ _

ORIGINAL	CURRENT	ACTUAL
START:	START:	START: 07/22/85
COMP :	COMP :	COMP : 07/28/85

* _/_/_ _/_/_ _/_/_
* _/_/_ _/_/_ _/_/_

HQ COMMENT:

* _ _ _ _ _

RQ COMMENT:

* _ _ _ _ _

COOP AGR # AMENDMENT # STATUS STATE X
0

* _ _ _ _ _

PAGE: 327
RUN DATE: 01/30/87
RUN TIME: 08:18:49

U.S. ENVIRONMENTAL PROTECTION AGENCY
OFFICE OF EMERGENCY AND REMEDIAL RESPONSE
C E R C L I S V 1.2

M.2 - COMMENT MAINTENANCE FORM

REGION: 04
STATE : GA

SITE: SEARLE MEDICAL PRODUCTS MATTHEWSON DIV

EPA ID: GAD049718712

COM
NO COMMENT

001 PART A- ON FILE

ACTION

• -
•